

## APPLICATION FOR RECORDS DISPOSITION STANDARD

INSTRUCTIONS: Prepare in duplicate and forward to the Records Management Analyst, Management Systems Division

3. Dept., Division, Subdivision & Administering Office Address  General Manager's Office Budget and Analysis Division 2200 Peachtree Summit 401 West Peachtree Street, N.E. Atlanta, Georgia 30308		FOR RECORDS MANAGEMENT DIVISION USE Date Received      Application No.      Date Completed NOV 17 1977      77-447      NOV 22 1977	
4. Person to Contact Dot Sims		1. Application 5. Working Title Budget Technician	2. Dept. Application No. 6. Telephone Number 586-5062
7. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
8. Dates of Series Earliest      Latest 1976      Present	9. Records Series Title (followed by title used in office, if different) Special Projects Study File		
10. Division and Office Function      What is the function of the Division and the Office in which this record series is created?  SEE ATTACHED.			
11. Record Series Description      This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.  Documents relating to: studies/projects assigned by the General Manager for review and recommendation of budgetary impact, cost projections, and cost reductions.  Included are: request for study; working papers; background analysis, budgetary impact, and recommendations          File is arranged: alphabetically by subject, by fiscal year.			
12. Monthly Reference Rate      How often are records referred to which are: One to six months old <u>three</u> ; Seven to twelve months old <u>one</u> ; Thirteen to twenty-four months old <u>one</u> ; twenty-five months and older <u>none</u> ?			
13. Annual Rate of Accumulation of Records Letter-size drawers <u>1/2</u> ; Legal-size drawers _____ ; Shelves _____ ; Other (specify) _____			

YES	NO	14. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
X		d. Does this series have historical or long term research value? Possible.
X		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?
15. Retention Requirements The following requires the series to be kept:		
a. State Law	_____ years.	d. Audit period _____ years.
b. Statute of limitation	_____ years.	e. Administrative need <u>three</u> years.
c. Federal law	_____ years.	f. Federal retention instructions _____ years.
Attach copy or excerpt of laws or regulations. Explain administrative need.		
16. Approved Disposition Instructions This agency recommends that the file series be cut off at the end of each:		
<input type="checkbox"/> Calendar Year; <input checked="" type="checkbox"/> Fiscal Year; <input type="checkbox"/> Other _____ then,		
<input checked="" type="checkbox"/> Hold in the current files area _____ month(s) <u>one</u> year(s); then		
<input checked="" type="checkbox"/> Transfer to local holding area; hold <u>10</u> year(s); then		
<input type="checkbox"/> Transfer to State Records Center; hold _____ year(s); then		
<input checked="" type="checkbox"/> Destroy.		
<input type="checkbox"/> Transfer to State Archives for permanent retention. (recommended)		
<input type="checkbox"/> Other (Specify)		
These instructions apply to all prior and future accumulations of the series.		
(Indicate briefly rationale for recommendations above/or write additional remarks):		
17. APPROVALS		
Approved	Department Records Management Officer	Date
	<i>Steph Lullman</i>	<i>11/7/77</i>
Approved	Division Head Designee	Date
	<i>Barbara</i>	<i>11/11/77</i>
Approved	Department Head Designee	Date
	<i>R. Brown</i>	<i>11-11-77</i>
Approved	Records Management Analyst	Date
	<i>Donna M. H. H. H.</i>	<i>11-14-77</i>
Approved	Legal Counsel	Date
	<i>Wayne K. K. K.</i>	<i>11/16/77</i>
Approved	Division of Audit	Date
	<i>L. Barth</i>	<i>11/16/77</i>
Approved	Department of Archives and History	Date
	<i>Canall Hart</i>	<i>11-22-77</i>
Approved	MARTA Management Advisory Committee	Date